

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	ADVICE CONCERNING RIGHT TO APPEAL AFTER PLEA OF GUILTY/ NOLO CONTENDERE	CASE NO. Judge:
Court address		Court telephone no.

THE PEOPLE OF THE STATE OF MICHIGAN

v

Defendant/Juvenile name, address, telephone no., and date of birth

1. You are entitled to file an application for leave to appeal with the Court of Appeals. You are being given an *Application for Leave to Appeal* form and instructions for completing it.

You are **not** entitled to have a lawyer appointed at public expense to assist you in filing an application for leave to appeal or to assist you with other post-conviction remedies unless you meet the requirements in items 2 or 3 below.

You must file your *Application for Leave to Appeal* within 21 days of sentencing.

2. If you are financially unable to retain a lawyer, the court **must** appoint a lawyer to represent you on appeal if:
- your sentence exceeds the upper limit of the minimum sentence range of the applicable sentencing guidelines, or
 - you are seeking leave to appeal a conditional plea under MCR 6.301(C)(2), or
 - the prosecuting attorney seeks leave to appeal, or
 - the Court of Appeals or the Supreme Court grants your application for leave to appeal.
3. If you are financially unable to retain a lawyer, the court, in its discretion, **may** appoint a lawyer to represent you on appeal if all of the following apply:
- you seek leave to appeal a sentence based upon an alleged improper scoring of an offense variable or a prior record variable, and
 - you or your lawyer objected to the scoring or otherwise preserved the matter for appeal, and
 - the sentence constitutes an upward departure from the upper limit of the minimum sentence range that you allege should have been scored.
4. The request for a lawyer must be completed and sent directly to the court at the address noted above within 42 days after sentencing. The financial schedule on the back of this form must be completed.

RECEIPT OF NOTICE OF APPEAL RIGHTS AND APPLICATION FOR LEAVE TO APPEAL

On this day I received this form and financial schedule and an application for leave to appeal. I understand that I must return the completed Request for Appointment of Lawyer to the court within 42 days if I want an attorney appointed for my appeal.

Date

Signature of defendant/juvenile

REQUEST FOR APPOINTMENT OF LAWYER AND AFFIDAVIT OF INDIGENCY

I request appointment of an attorney to appeal my conviction. Conditions for my request are on the back of this form. The affidavit of indigency and financial schedule on the back of this form is submitted to show my financial condition.

☐ I request the court waive the filing fee for my application for leave to appeal.

Date

Signature of defendant/juvenile

NOTE TO DEFENDANT/JUVENILE: After completing the request for appointment of lawyer and the affidavit of indigency and financial schedule, keep one copy for yourself and return the other copy to the court.

MCL 770.3a, MCR 6.425(E)

AFFIDAVIT OF INDIGENCY AND FINANCIAL SCHEDULE

I request a court appointed attorney and submit the following information:

1. RESIDENCE

☐ Rent ☐ Own ☐ Live with parents ☐ Room/Board ☐ Prison _____
Number

2. MARITAL STATUS

☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Dependents: _____
Number

3. INCOME

a. Employer name and address

b. Length of employment

c. Average of pay

☐ weekly

☐ monthly

☐ every two weeks

Gross: \$ _____ Net: \$ _____

d. Other income (state monthly amount and source [DSS, VA, rent, pensions, spouse, unemployment, etc.]) If no income, state NONE.

4. ASSETS

State value of car, home, bank deposits, inmate accounts, bonds, stocks, etc. If no assets, state NONE. Attach an account statement and certification for assets in prison accounts.

5. OBLIGATIONS

Itemize monthly rent, installment payments, mortgage payments, child support, etc.

6. REIMBURSEMENT

I understand that I may be ordered to reimburse the court for all or part of my attorney and defense costs.

7. I pled guilty, guilty but mentally ill, or nolo contendere; and

☐ 8. I believe I am entitled to an attorney at public expense based on the following circumstance as stated in item 2 on the other side of this form:

☐ a. my sentence exceeds the upper limit of the minimum sentence range of the applicable sentencing guidelines.

☐ b. I seek leave to appeal a conditional plea made under MCR 6.301(C)(2).

☐ c. the prosecuting attorney seeks leave to appeal.

☐ d. the Court of Appeals or the Supreme Court granted my application for leave to appeal.

☐ 9. I believe the court should exercise its discretion and appoint an attorney based on the following circumstances as stated in item 3 on the other side of this form.

a. I seek leave to appeal on the basis of an alleged improper scoring of an offense variable or a prior record variable, and

b. I or my attorney objected to the scoring or otherwise preserved the matter for appeal, and

c. the sentence constitutes an upward departure from the upper limit of the minimum sentence range that I allege should have been scored.

Signature _____

Address _____

Name (type or print) _____

City, state, zip _____

Subscribed and sworn to before me on _____, _____ County, Michigan
Date

My commission expires: _____ Signature: _____
Date Notary public